

COMMENTARY

View from Dutch general practice

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We asked 12 general practitioners working in our department to give their opinion on this case in face-to-face interviews. We gave them the information as presented in the case study, but without the additional discussion provided by the author.

Many colleagues were curious about the reason for Andrew's unwillingness to inform his brother and sister. One respondent felt that refusal because of paranoia would be justification for ignoring Andrew's wish. Others were firm about respecting his refusal, at least for the time being. They responded that they would try to convince Andrew to change his mind or would hope that the chelation treatment would diminish his mental disturbance and allow him to reconsider his decision.

General practice provides the typical assets of accessibility, time, and social environment. These assets may generate new developments that can solve the problem. For example, family members often question their general practitioner about their relatives' health. Some of our respondents would urge Martin and Alison to ask their brother about his disease.

A few respondents would obtain blood specimens from Martin and Alison as soon as the opportunity arose, without informing them about the reasons for doing so. Most of our colleagues, however, were firmly opposed to this idea because it does not allow Martin and Alison the option of refusing a test.

If Martin and Alison also have the disease, how much damage is caused by postponing diagnosis and treatment? We assume that current knowledge is insufficient to provide a definitive answer to this question. To be on the safe side, the general practitioner should try to inform them both without delay.

If all efforts to change Andrew's mind failed, most of our respondents would inform the brother and sister after informing Andrew that this would be the course of action. In their view, the physician's duty to avoid causing harm

Guidelines for testing decisions to breach confidentiality

- Everything possible must have been done to try to obtain permission from the person involved
- The physician must face a moral conflict by maintaining confidentiality
- Breaching confidentiality is the only way to solve the problem
- Doing nothing will probably result in serious damage to other people
- Breaching confidentiality must prevent or minimize such damage

to Martin and Alison outweighs the duty of confidentiality toward Andrew.

Although we obtained a 100% response rate, our respondents are probably not representative of the average Dutch general practitioner. Most are involved in medical teaching. Because medical ethics is part of that teaching, they may be more aware of moral guidelines than are general practitioners who are not attached to an academic department.

To our knowledge, no legal judgment has been published in the Netherlands concerning cases similar to the one described here. There are, however, widely accepted guidelines against which to test a physician's decision to breach confidentiality (see box).¹

In our view, attempting to change Andrew's mind on several occasions, telling him that you feel it is a physician's duty to inform Martin and Alison, and finally doing so are ways of acting in accordance with these guidelines.

References

- 1 Leenen HJJ. *Handboek Gezondheidsrecht*. 3rd ed. Houten, Netherlands: Bohn Stafleu Van Loghum; 1994.